

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Roxanne Thalman 15 Filer ID (Ethics Commission Filers)

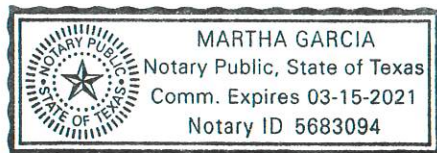
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,052.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12,799.57</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1452.43</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2000.00</u>

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

R. Thalman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roxanne Thalman, this the 6th day of April, 20 17, to certify which, witness my hand and seal of office.

Martha Garcia
Signature of officer administering oath

Martha Garcia
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

- | | | |
|-----|---|--------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 12,052 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 12,799.57 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Roxanne Thalmann

3 Filer ID (Ethics Commission Filers)

4 Date

1/11/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Fick + Theresa Armistead

6 Contributor address; City; State; Zip Code

709 Echo Lake Ct Arlington TX 76010

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/31/17

Full name of contributor

☐ out-of-state PAC (ID#:

Kimberly Fitzpatrick

Contributor address; City; State; Zip Code

2806 Katherine Street Arlington TX 76010

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/17

Full name of contributor

☐ out-of-state PAC (ID#:

Kyle Fields

Contributor address; City; State; Zip Code

3103 Raven Mill Lane Arlington TX 76010

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#:

Michael Eason

Contributor address; City; State; Zip Code

5909 Beverly Dr E. Fort Worth TX 76132

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>9</u>
2 FILER NAME <u>Roxanne Thelma</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/5/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian Letourneau</u> 6 Contributor address; City; State; Zip Code <u>PO BOX 201622 Arlington, TX 76006</u>	7 Amount of contribution (\$) <u>250.⁰⁰</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/18/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian Thelma</u> Contributor address; City; State; Zip Code <u>1275 Vantage St. Plano, TX 75074</u>	Amount of contribution (\$) <u>100.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/18/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian Letourneau</u> Contributor address; City; State; Zip Code <u>PO BOX 201622 Arlington, TX 76006</u>	Amount of contribution (\$) <u>250.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/19/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Megan Jackson</u> Contributor address; City; State; Zip Code <u>705 Lombardy Ln Arlington, TX 76013</u>	Amount of contribution (\$) <u>25.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Roxanne Trauman		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adlai Pennington 6 Contributor address; City; State; Zip Code 1375 Hilman Rd. Fort Worth, TX 76140	7 Amount of contribution (\$) 500. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AA-TC Contributor address; City; State; Zip Code 6350 Baker Blvd. Richardson, TX 76188	Amount of contribution (\$) 2500. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Toggan, Blair & Sampson Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760	Amount of contribution (\$) 2500. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G.C. Martin Contributor address; City; State; Zip Code PO Box 91588 Arlington, TX 76015	Amount of contribution (\$) 100. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/17

5 Full name of contributor

Judy Northrup

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address;

City; State; Zip Code

3112 Westador Dr. Arlington, TX 76015

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/17

Full name of contributor

June Owens

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

2155 Arkansas Ln.

Grand Prairie, TX 75052

250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/17

Full name of contributor

Owen Carter

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

2401 Villa Heras Dr. Arlington, TX 76017

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/17

Full name of contributor

Michael Hedford

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1723 Briar Meadow Dr. Arlington, TX 76014

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Rafaela Thelma

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Brenda Bradford

6 Contributor address;

City; State; Zip Code

5909 Willow View Dr. Arlington, TX 76017

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/17

Full name of contributor

☐ out-of-state PAC (ID#)

Amy Duka

Contributor address;

City; State; Zip Code

2117 Church Hill Dr. Arlington, TX 76017

Amount of contribution (\$)

60.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/17

Full name of contributor

☐ out-of-state PAC (ID#)

Jeremy Gregg

Contributor address;

City; State; Zip Code

1304 Timberbend Tr. Allen, TX 75002

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/17

Full name of contributor

☐ out-of-state PAC (ID#)

Marlene Hutchison

Contributor address;

City; State; Zip Code

2103 Franklin Dr. Arlington, TX 76011

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Roxanne Thalman		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin & Carrie Donovan 6 Contributor address; City; State; Zip Code PO Box 120591 Arlington, TX 76012	7 Amount of contribution (\$) 50. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Warnick Contributor address; City; State; Zip Code 5014 Ridgelyfield Ct. Arlington, TX 76017	Amount of contribution (\$) 50. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Coker Contributor address; City; State; Zip Code 2716 Marguerite Dr. Arlington, TX 76012	Amount of contribution (\$) 25. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagdeep Patel Contributor address; City; State; Zip Code 21025 Johnson Rd. Southlake, TX 76092	Amount of contribution (\$) 1,001. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Roxanne Thalman		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/17	5 Full name of contributor Maibach Investments, LP 6 Contributor address; City; State; Zip Code 1703 W. Rayco Dr. Arlington, TX 76001	7 Amount of contribution (\$) 250. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/17	Full name of contributor Garry Williamson Contributor address; City; State; Zip Code 1417 Palmridge Cir. Arlington, TX 76020	Amount of contribution (\$) 50. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/17	Full name of contributor Wahid Jawani Contributor address; City; State; Zip Code 2900 Rush St. Arlington, TX 76017	Amount of contribution (\$) 500. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/17	Full name of contributor Andrew Piel Contributor address; City; State; Zip Code 2707 Raskin Dr. Arlington, TX 76010	Amount of contribution (\$) 100. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Koxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/17

5 Full name of contributor

Xiran Nana

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,001.00

6 Contributor address; City; State; Zip Code

2924 Harchwood Dr. Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/17

Full name of contributor

Stacy Daughman

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

6903 Eveningshade Arlington, TX 76002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 83		2 FILER NAME Kathleen Thalman		3 Filer ID (Ethics Commission Filers)	
4 Date 1/1/17		5 Payee name Murphy Nasica			
6 Amount (\$) 100		7 Payee address; City; State; Zip Code 815-A Brazos St. Ste 304 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) consulting expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/19/17		Payee name Murphy Nasica			
Amount (\$) 422.18		Payee address; City; State; Zip Code 815-A Brazos St. Ste 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) other		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data/software	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/1/17		Payee name Murphy Nasica			
Amount (\$) 100		Payee address; City; State; Zip Code 815 Brazos St. Ste 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) consulting expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 43 2 FILER NAME Roxanne Thalman 3 Filer ID (Ethics Commission Filers)

4 Date 2/18/17 5 Payee name Murphy Nasica

6 Amount (\$) 1500 7 Payee address; City; State; Zip Code 815 Brazos St. Ste 304 Austin, TX 78701

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) Advertising expense (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3/1/17 Payee name Murphy Nasica

Amount (\$) 1000 Payee address; City; State; Zip Code 815 Brazos St. Ste 304 Austin, TX 78701

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Consulting fee Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3/1/17 Payee name Murphy Nasica

Amount (\$) 211.09 Payee address; City; State; Zip Code 815 Brazos St. Ste 304 Austin, TX 78701

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Other Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense data/software

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 43		2 FILER NAME Roxanne Thalman		3 Filer ID (Ethics Commission Filers)	
4 Date 3/7/17		5 Payee name Murphy Nasica			
6 Amount (\$) 1948.50		7 Payee address; City; State; Zip Code 815 Brazos St Ste 304 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) printing expense - signs		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 3/9/17		Payee name Murphy Nasica			
Amount (\$) 3867.80		Payee address; City; State; Zip Code 815 Brazos St Ste 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) printing expense - mail		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 3/21/17		Payee name Murphy Nasica			
Amount (\$) 2750.00		Payee address; City; State; Zip Code 815 Brazos St Ste 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) contract labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED